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CONFIRMATION NO. 5345

SERIAL NUMBER 09/989,342	FILING OR 371(c) DATE 11/20/2001 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 13421.0002.NPUS00
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APPLICANTS

Robert C. Simpson, Tallahassee, FL;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 01/22/2002**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no			
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	Examiner's Signature _____ Initials _____			
	STATE OR COUNTRY FL	SHEETS DRAWING 9	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 7

ADDRESS

26720

TITLE

Epidural catheter dispenser system to contain and control an epidural catheter, maintain epidural catheter sterility and prevent epidural catheter contamination

FILING FEE RECEIVED 1281	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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